



032504

18334

U.S. PTO

Attorney's Ref: HKPC/385/US

Date: March 25, 2004

22278 U.S. PTO

10/809071



032504

MAIL STOP PATENT APPLICATION  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the ☒ Utility ☐ Design patent application of:  
Inventor(s): Chi Hung LAW

**For: CONTAINER**

Enclosed are:

- ☒ 10 Sheets Of Specification
- ☒ 4 Sheet(s) of Drawing(s) Containing Figures 1 – 11 ☒ Formal ☐ Informal
- ☒ A Return Receipt Postcard.
- ☐ An Assignment Of The Invention
- ☒ A Certified Copy of a Chinese Priority Document.
- ☒ A signed Inventor's Declaration
- ☐ Small Entity Status Claimed by Applicant.
- ☐ Application Data Sheet.
- ☒ Information Disclosure Statement with Form PTO 1449
- ☐ Request for Non-Publication of Application

☐ If checked, this application is a:

- ☐ Continuation
- ☐ Continuation-in-part
- ☐ Divisional

Application of prior United States Patent Application No.: \_\_\_\_\_ previously examined by  
\_\_\_\_\_ (Examiner) in Group/Art Unit \_\_\_\_\_.

For Continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

I, hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on March 25, 2004, and is addressed to the "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Irene O'Brien

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Page 1 of 2

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The filing fee has been calculated as shown below:

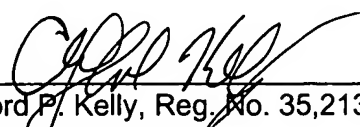
☐ Design Application For    ☐ Small Entity = \$170    ☐ Not Small Entity = \$340
☒ Utility Application With Fee Calculated Below:☐ If Checked, Applicant Is A SMALL ENTITY.

	No. <u>Filed</u>	<u>CLAIMS</u>	No. <u>Extra</u>	<u>SMALL ENTITY</u>	<u>LARGE ENTITY</u>
Total Claims	11	20=	0	x \$ 9 = \$	x \$18 = \$
Independent Claims	1	3=	0	x \$43 =	x \$86 =
Basic Fee				\$385.00	\$770.00
Multiple Dependent Claims Presented				x \$145	x \$290
				TOTAL \$	TOTAL <u>\$770.00</u>

☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
☐ Please charge my Deposit Account No. 16-2563 in the amount of \$\_\_\_\_\_ to cover the filing fee. ☐ A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional required filing fees under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.

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